



MISSOURI DEPARTMENT OF HEALTH AND
SENIOR SERVICES

INVITATION FOR BID (IFB)

Issue Date: May 14, 2004
IFB #0502

**PROPOSAL MUST BE RECEIVED
NO LATER THAN:**

Date: **June 16, 2004**
by

Time: **3:00 P.M.**

For more information contact:

Shalonda Graham

Buyer of Record, at (573) 526-3222

This document is a formal request for sealed bids, including prices, from qualified individuals and organizations to furnish those services described herein. **BIDDERS PLEASE NOTE: Bids shall be submitted in a sealed envelope marked on the outside (in the lower left corner) with the following information: "BID ENCLOSED- IFB #0502". Bidders using commercial carrier services shall ensure that the outermost envelope or wrapper used for delivery is marked in this manner. AN ORIGINAL AND 5 COPIES OF BID MUST BE RECEIVED by the Missouri Department of Health and Senior Services, Division of Administration, Bureau of Contracts and Procurement, on or before the time and date listed above. Faxed copies will not be accepted.**

Contract Title: **Alternatives to Abortion**

Contract Period: **July 1, 2004 through June 30, 2005**

Amount Requested.....\$ _____

Certified Minority or Woman Owned Business: ☐ MBE ☐ WBE ☐ N/A

The Bidder hereby agrees to provide services at the prices quoted, pursuant to the requirements of this document and further agrees that when this document is countersigned by an authorized official of the Missouri Department of Health and Senior Services, a binding contract, as defined herein, shall exist between the Bidder and the Missouri Department of Health and Senior Services.

BIDDER'S SIGNATURE:



BIDDER'S PRINTED NAME:

ORGANIZATION:

DATE OF BID:

ADDRESS:

TELEPHONE NO:

CITY, STATE, ZIP CODE:

FAX PHONE NO:

STATE VENDOR NO. (IF KNOWN):

FED. TAX I.D. NO:

THIS SECTION FOR DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY

FUND SOURCE

☒ STATE _____ 100%

☐ FEDERAL _____ %

CFDA NO.

CFDA TITLE:

NOTICE OF AWARD

This bid is hereby accepted by the Missouri Department of Health and Senior Services.

Amount Awarded \$ _____

RECOMMENDED FOR APPROVAL BY: (DIVISION / CENTER DIRECTOR SIGNATURE)



DATE:

CONTRACT NUMBER:

SIGNATURE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES REPRESENTATIVE
AUTHORIZED TO SIGN CONTRACT:



DATE:

MARK R. READING, DIRECTOR, DIVISION OF ADMINISTRATION

1.0 GENERAL INFORMATION

1.1 Purpose:

1.1.1 The purpose of this Invitation for Bid (IFB) is to fund alternatives to abortion services defined in Part 2.5 through the Department of Health and Senior Services (hereinafter the Department), for Missouri residents who:

- 1.1.1.1 Are at any stage of pregnancy;
- 1.1.1.2 Are at or below 200% of Federal Poverty Level; and
- 1.1.1.3 Are seeking these services instead of having an abortion.

1.1.2 The evaluation of bids and awarding of contracts is a competitive process.

1.1.3 It is the intent of the Department to award contracts in all areas of the State.

1.1.4 The contract period shall be July 1, 2004 through June 30, 2005.

1.2 Funding:

1.2.1 State General Revenue funds are available to fund this program during Fiscal Year 2005 July 1, 2004 through June 30, 2005, in the total amount of \$570,000.

1.2.2 Federal Title V Funds may be available to fund this program. If funds become available, they may be awarded to bidders who initially received a partial award or those receiving no award but were eligible to receive an award at the time contracts were awarded.

1.2.3 If state and/or federal funds are not appropriated, continued, or available at a sufficient level to fund the awarded contract, or in the event of a change in federal or state law relevant to the contract, the obligations of each party may, at the sole discretion of the Department, be terminated in whole or in part, effective immediately or as determined by the Department, upon date of certified mailing, facsimile, or e-mail of written notice to the Contractor by the Department.

1.3 Pre-Bid Conference:

1.3.1 **A pre-bid conference regarding this Invitation for Bid (IFB) will be held on June 2, 2004 from 1:30 p.m. to 3:30 p.m. in the Oak Conference Room at the Department of Health and Senior Services, 930 Wildwood in Jefferson City, Missouri.** All potential bidders are encouraged to attend this conference. Attendance is not mandatory in order to submit a bid. Department personnel will address any questions or comments raised by potential bidders during the pre-bid conference, regarding this IFB. Responses to all questions will be available on the Department's web site. Bidders should bring their copy of the IFB to the pre-bid conference for use as reference.

1.4 Organization:

1.4.1 This document referred to as an IFB, is divided into five parts:

- 1. General Information
- 2. Performance Requirements/Scope of Work
- 3. General Contractual Requirements
- 4. Bid Submission Requirements
- 5. Appendices

2.0 PERFORMANCE REQUIREMENTS/SCOPE OF WORK

2.1 General Requirements:

- 2.1.1 For the purpose of funding alternatives to abortion services for women at or below 200% of Federal Poverty Level, consisting of services or counseling offered to a pregnant woman and continuing for one (1) year thereafter, to assist her in carrying her unborn child to term instead of having an abortion, and to assist her in caring for her dependent child or placing her child for adoption, including, but not limited to the following: prenatal care; medical and mental health care; parenting skills; drug and alcohol testing and treatment; child care; newborn or infant care; housing, utilities; educational services; food, clothing and supplies relating to pregnancy, newborn care and parenting; adoption assistance; job training and placement; establishing and promoting responsible paternity; ultrasound services; case management; domestic abuse protection; and transportation. Actual provisions and delivery of such services shall be dependent on client needs and not otherwise prioritized by the Department. Such services shall be available only during pregnancy and continuing for one (1) year thereafter, and shall exclude any family planning services. None of these funds shall be expended to perform or induce, assisting the performing or inducing of, or refer for, abortions; and none of these funds shall be granted to organizations or affiliates of organizations that perform or induce, assist in the performing or inducing of, or refer for, abortions.
- 2.1.2 No funds shall be used for administrative expenses. Administrative expenses are defined as any administrative budget category that cannot be traced to the direct delivery of services provided pursuant to this IFB, including but not limited to, indirect salaries, supplies, rent, utilities, and other overhead costs.
- 2.1.3 The Contractor shall be responsible for assuring that clients meet eligibility requirements as detailed in Part 1.1.1.
- 2.1.4 The Contractor shall be responsible for development of a referral plan for all proposed services not provided directly by the Contractor, which identifies appropriate providers that are willing to accept such referrals. This plan must be readily accessible to agency staff and providers.
- 2.1.5 The Department's agreement to this contract is predicated in part on the utilization of key personnel with specific qualifications and credentials as identified in the bid. Therefore, the Contractor shall understand and agree that specific qualifications of any substitution for such personnel shall be equal to, or better than, those originally proposed and set forth in the bid.
- 2.1.6 The Contractor may determine an allowable rate per unit of each service required which is lower than the actual cost in order to maximize the use of funding through the awarded contract. It is the Contractor's responsibility to establish and/or maintain adequate internal financial controls in order to ensure that funds awarded through this contract are utilized in a manner which will maximize their contribution towards ensuring access to needed services for women at risk of pursuing abortion services.
- 2.1.7 Any risk associated with the implementation of this contract, as it relates to the fee schedule and the allowable services as detailed in Part 2.5, will be the sole responsibility of the Contractor, and the Department is not obligated to cover any expenses incurred in the provision of services to any client that may exceed the allowable fee schedule.
- 2.1.8 The State of Missouri cannot guarantee referrals for services nor any minimum use of Contractor services.
- 2.1.9 The Contractor shall be responsible for maintaining continuous quality improvement activities, as described in Part 2.6, which ensure that services meet established standards, and for implementing quality enhancement as a result of quality improvement activities.

2.2 Specific Requirements:

2.2.1 The Contractor shall provide a coordinated and comprehensive service system that creates a continuum of care based on the individual needs of the client and child required to maintain the pregnancy and continuing for one (1) year thereafter. The Contractor shall provide case management for all clients.

2.2.1.1 Case Management for Pregnancy Maintenance is defined as a set of goal-oriented activities which organize, coordinate, and monitor service delivery (based on measurable objectives) designed to support each pregnant woman in the continuation of her pregnancy. This definition for case management can be found in the Healthy Beginnings Prenatal Case Management Handbook, available through the Department.

A. Professional Case Management Qualification: Registered Professional Nurse; Master's level Social Worker; or Bachelor's level Social Worker with two years experience.

B. Non-Professional Case Management Qualification: Lay worker; licensed practical nurse (LPN); Bachelor's level Social Worker without two years experience.

C. Types of Case Management

1. Face-to-face is defined as a scheduled appointment in the agency in which the Individualized Pregnancy Continuation Plan (IPCP) status is discussed.
2. Non face-to-face is defined as telephone call, e-mail, letter or other form of communication with the client in which an exchange of information has occurred regarding the IPCP status.
3. Home visit is defined as a face-to-face visit with the client which occurs outside the agency and preferably in the client's home.

2.2.1.2 The case manager shall maintain client specific documentation that describes each case management function provided and lists the actual time involved in each function.

2.2.2 The Contractor shall assure that each client shall be:

2.2.2.1 Seeking these services instead of having an abortion and assessed for additional services beyond case management;

2.2.2.2 Allowed to participate in developing the IPCP; and

2.2.2.3 Provided case management which links the client with needed services regardless of payment source for the services.

2.2.3 The Contractor shall assess client satisfaction using the Six-Month Client Satisfaction Survey (Appendix A). The survey shall be completed at six (6) months after the client begins services under this program. A copy of the survey shall be forwarded to the Department as stated in the reporting/invoicing requirements in Part 2.7. The survey shall not contain the client name or other identifying information.

- 2.2.4 The Contractor shall record client outcomes upon discharge using the Client Outcomes Survey (Appendix B). A copy of the survey shall be forwarded to the Department as stated in the reporting/invoicing requirements in Part 2.7.

2.3 Assessment:

- 2.3.1 The Contractor shall conduct an assessment to document risk factors and identify services needed to minimize the risk of abortion and to complete the pregnancy.
- 2.3.2.1 The Contractor shall require the Individual Risk and Needs Assessment Form (Appendix C) be completed to determine eligibility for the program prior to client entry into case management. The Contractor shall forward a copy of the completed form for each client admitted to the program, to the Department as stated in Part 2.7. All services provided pursuant to this contract shall be directly linked with the needs identified on the Individual Risk and Needs Assessment Form; Initial Client Assessment (Appendix D); and IPCP (Appendix E) described in Part 2.4.
- 2.3.2.2 The Contractor shall assure the case manager completes the Initial Client Assessment within 24 hours of completion of the Individual Risk and Needs Assessment Form. The Department highly encourages use of the professional case manager for the initial client assessment.

2.4 Individual Pregnancy Continuation Plan (IPCP):

- 2.4.1 The case manager shall develop, based upon the results of the Individual Risk and Needs Assessment Form; Initial Client Assessment; and the client's input, an IPCP that encompasses the duration of the pregnancy and continuing for one (1) year thereafter.
- 2.4.1.1 An initial plan, to address urgent issues, shall be developed within 24 hours and documented on the IPCP (Appendix E).
- 2.4.1.2 The client-centered IPCP shall be completed within ten (10) calendar days of client entry into case management and reviewed and updated every thirty (30) calendar days until program completion or when specific objectives stated in the IPCP have been met.
- 2.4.2 The case manager shall document in the IPCP, the strategies for client education regarding available services and support systems, as well as the referrals for services and the outcomes of the referrals.
- 2.4.3 The Contractor may provide all or selected services allowed pursuant to this contract (see Part 2.5), or have a referral system that ensures the provision of the services identified in the client-centered IPCP.

2.5 Additional Services:

- 2.5.1 The following services shall be eligible for reimbursement when the Contractor submitted a bid for such service(s) and provided the service(s) as identified in the client's IPCP, and the invoice does not exceed the contractually stipulated unit prices that the Contractor submitted on the Unit Price Bid Page (Appendix M).
- 2.5.1.1 Prenatal Care: The pregnancy related health care provided for the program client during pregnancy.
- A. Prenatal Care Only: Encompasses all costs for four (or more) consecutive individual prenatal visits, routine urinalysis during the prenatal period and all care

for pregnancy-related conditions (i.e. nausea, vomiting, cystitis, vaginitis, etc). Initial hospital visit, delivery and postpartum care are not included.

- B. Prenatal/Delivery: Encompasses all costs for four (or more) consecutive individual prenatal visits, routine urinalysis testing during the prenatal period, all care for pregnancy related conditions (i.e. nausea, vomiting, cystitis, vaginitis, etc.), initial hospital visit, delivery and postpartum care.

- 2.5.1.2 Medical Care: The provision of services by a licensed medical provider as related to the maintenance of health, and prevention or treatment of illness, injury, or pregnancy complications for the program client, as such services relate to the prevention of abortion. Licensed medical provider is defined as one who has met the professional and legal requirements to provide a health care service.
- 2.5.1.3 Mental Health Care: Counseling and treatment to assist the client with management of mental illness or condition.
- 2.5.1.4 Parenting Skills: The process of role attainment that begins during pregnancy and includes cognitive skills, motor skills, valuing, and comforting of the infant/child.
- 2.5.1.5 Drug and Alcohol Testing and Treatment:
 - A. Drug and alcohol testing is defined as a proven scientific methodology to determine the level of alcohol, tobacco, and other chemical substances present in the body. Testing can be done on the hair, blood, urine, or other body substances of the program client and/or infant.
 - B. Drug and alcohol treatment is defined as an individualized, group, or family program, facilitated by a trained, licensed or certified professional or facility, to treat individuals or families affected by alcohol, tobacco, and other drugs.
- 2.5.1.6 Child Care: The care provided for the program client's child(ren) when the parent or guardian is absent due to participation in other contract activities or services, excluding live-in nanny services.
- 2.5.1.7 Newborn or Infant Care: The provision of services by a licensed medical provider as related to the maintenance of health or prevention of illness, and treatment of injury or illness for the infant in the twelve (12) months after delivery.
- 2.5.1.8 Housing: Any safe place where the program client and her child(ren) can stay.
- 2.5.1.9 Utilities: Heating, cooling, water, trash and electricity for any safe place where the program client and her child(ren) can reside.
- 2.5.1.10 Educational Services: A formal education program that will allow the program client to advance toward a high school diploma, GED, business, vocational, technical training, or college undergraduate degree.
- 2.5.1.11 Food: Relating to pregnancy, newborn care and parenting.
- 2.5.1.12 Clothing: Relating to pregnancy, newborn care and parenting.
- 2.5.1.13 Supplies: Relating to pregnancy, newborn care and parenting.

- 2.5.1.14 Adoption Assistance: An individual or program with accurate information for the program client to use in making a decision to place the infant(s) for adoption by another individual/family.
- 2.5.1.15 Job Training and Placement: Any established program that facilitates and/or enhances the employability of the program client and/or the father who might otherwise not qualify for help.
- 2.5.1.16 Establishing and Promoting Responsible Paternity: Efforts including, but not limited to, those providing learning opportunities through interactions of the father and child(ren), and/or those facilitating the legal process of paternity acknowledgement. Services for the father (e.g. counseling services, support groups) are covered under this contract. Such services should be recorded under the program client's name.
- 2.5.1.17 Ultrasound Services: The high frequency sound waves used in monitoring and imaging as medically necessary.
- 2.5.1.18 Domestic Abuse Protection: Any service (including transportation) that assures the physical and emotional safety of the program client and her child(ren).
- 2.5.1.19 Transportation: Transportation to allow the program client and child(ren) to access any of the program services provided pursuant to this contract.
- 2.5.1.20 Other Services: Relating to assisting the pregnant woman in carrying her unborn child to term instead of having an abortion and to assist her in caring for her dependent child or placing her child for adoption. Actual provision and delivery of such services shall be dependent on the individual risk and needs assessment and IPCP.

2.6 Continuous Quality Improvement:

- 2.6.1 The Contractor shall develop and implement an evaluation and continuous quality improvement (CQI) plan. This plan shall include evidence of evaluation and CQI process activities that evaluate the program components of:
 - 2.6.1.1 Infrastructure (such as environment, equipment, staffing, written policy);
 - 2.6.1.2 Methods of delivery of services (how and when the service is provided);
 - 2.6.1.3 Outcomes (such as objectives met, client or community well being, and client satisfaction); and
 - 2.6.1.4 Compliance with standards and licensure as required by all oversight agencies (such as the Missouri Board of Healing Arts and Nursing).
- 2.6.2 This plan shall identify methods of evaluation that include indicators that can be measured for continuous quality improvement and capture the data necessary to evaluate program impact. The CQI plan shall also address plans and methods for improvement of the program components as identified in the evaluation and CQI process activities, including but not limited to, rates of healthy maternal and birthing outcomes.

2.7 Invoicing and Reporting Requirements:

- 2.7.1 The Department shall in all cases be used as "payer of last resort" which means that payment under this contract may be available only after the Contractor has demonstrated that all other payment sources including, but not limited to, insurance coverage and/or governmental assistance

programs, have been exhausted. Documentation of such shall be maintained in the client files to be available for contract monitoring purposes. (See Part 3.2)

- 2.7.2 The case management documentation for each client will indicate that a review, of other potential reimbursement sources for each service available and identified in the individual risk and needs assessment and/or IPCP, has been completed. This review shall include, at a minimum, a list of the other potential reimbursement sources including, but not limited to, the governmental agencies for each service set forth below that were contacted, the eligibility criteria for each of these sources, and the reason(s) the client was not eligible to receive such services.
 - 2.7.2.1 Housing: Department of Economic Development, Department of Labor and Industrial Relations, and Department of Mental Health
 - 2.7.2.2 Educational Services: Department of Economic Development, Department of Elementary and Secondary Education, Coordinating Board of Higher Education, and Department of Social Services
 - 2.7.2.3 Job Training and Placement: Department of Economic Development, Department of Labor and Industrial Relations, and Department of Social Services
 - 2.7.2.4 Transportation: Department of Elementary and Secondary Education, Department of Social Services, and Department of Transportation
- 2.7.3 All invoices (Appendix F) are due on the 15th of the month following the month: a) in which the services were provided, or b) in which documentation was received verifying resolution or rejection of payments by all other payers. Payment will be made to the Contractor after receipt of approved monthly-itemized invoices at the contracted rate per unit as identified on the Unit Price Bid Page submitted by the Contractor with their bid. (See Appendix M).
- 2.7.4 In the event the Contractor renders services but fails to submit the required forms by the 15th of the month, the Department shall not be obligated to make payment for those services.
- 2.7.5 All income received from contract payments, shall only be used to provide Alternatives to Abortion services as outlined in this document.
- 2.7.6 Monthly invoices shall be submitted on the Alternatives to Abortion Invoice form (Appendix F) and shall contain an original signature by the Contractor's duly authorized representative.
 - 2.7.6.1 Each monthly invoice shall list for each service category:
 - A. Total number of units of service for each category;
 - B. Contracted cost per unit;
 - C. The number of unduplicated clients receiving each service; and
 - D. Total dollars invoiced for each category.
 - 2.7.6.2 The monthly invoice shall list the grand total of dollars billed for all service categories.
 - 2.7.6.3 The Department reserves the right to deny reimbursement for failure to submit the Alternatives to Abortion Invoice form with the corresponding Invoice Attachment.
- 2.7.7 The Contractor shall invoice according to the approved contract rates submitted by the Contractor with their bid. Any invoice received by the 15th of the month and NOT billed at the contracted rate will be returned to the Contractor for correction and processed during the next payment cycle after receipt of the corrected invoice by the Department.

- 2.7.8 Attached to every Alternatives to Abortion Invoice shall be the corresponding Invoice Attachment (Appendix F). A master copy and a completed sample copy are provided in Appendix F. The services listed on the Invoice Attachment shall equal the services listed on the Invoice.
- 2.7.9 The Contractor will notify the Department's Family Health Unit in writing of any changes in agency location, contact persons, or satellite sites within thirty (30) days of the effective date.
- 2.7.10 Within sixty (60) days of the date each client delivers, the Contractor shall submit the Birthing Outcome Form (Appendix G.) The form shall be attached to the next related invoice.
- 2.7.10.1 For the purpose of completing the Birthing Outcomes form, delivery with a healthy maternal outcome is defined as a term delivery (between 38 and 42 weeks of completed gestation) in which there is an absence of health complications, and where there is no medical recommendation for an extended hospitalization.
- 2.7.10.2 For the purpose of completing the Birthing Outcomes form, a delivery with a healthy infant outcome is defined as birth within normal weight limits (5.5 - 9.5 lbs.), in which there is an absence of health complications, and where there is no medical recommendation for an extended hospitalization.
- 2.7.11 The Contractor shall submit to the Department copies of the completed Six-Month Satisfaction Survey and Client Outcomes Survey by the 15th of the month following completion of the survey (Appendix A and B).
- 2.7.12 The Contractor shall submit to the Department a copy of the Individual Risk and Needs Assessment Form (Appendix C) and Initial Client Assessment (Appendix D) for each client admitted to the program. The form shall be completed prior to client entry, and/or re-entry, into case management. Each form shall list the date completed and include the identifying client information. Each form must be attached to the first related invoicing that is sent to the Department.
- 2.7.13 To be eligible for payment, the Contractor must submit to the Department all required data, as identified herein.
- 2.7.13.1 Invoices and reports shall be mailed to:
- Alternatives to Abortion Program
Family Health Unit
Missouri Department of Health and Senior Services
PO Box 570
Jefferson City, Missouri 65102-0570
- 2.7.14 If the Contractor is overpaid by the Department, the Contractor shall issue a check made payable to "DHSS-DOA Fee Receipts" upon official notification by the Department and shall mail the payment to:
- Missouri Department of Health and Senior Services
ATTN: Fee Receipts Unit
PO Box 570
Jefferson City, MO 65102
- 2.7.15 If a request by the Contractor for reimbursement is denied, the Department shall provide the Contractor with written notice of the reason(s) for denial.
- 2.7.16 The Department reserves the right to reallocate contract funds between contract budget categories at any time during the contract period due to underutilization of contract funds or changes in the

availability of program funds. The Contractor will be given thirty (30) days prior written notification of any reallocation.

2.8 Special Provisions:

- 2.8.1 Contract monitoring by Department staff will take place on a regular and as needed basis. Contract monitoring shall include, but not be limited to, on-site visits by Department personnel to review documentation for the purpose of verifying contract compliance and invoicing, as well as training, credentialing and/or licensing of Contractor's personnel involved in the delivery of contract services as appropriate. The Department reserves the right to request an audit performed in accordance with generally accepted auditing standards at the expense of the Contractor at any time contract monitoring reveals such audit is warranted.
- 2.8.2 Failure to comply with any or all provisions of this contract and/or applicable law, including the relevant appropriation statute, may result in immediate contract termination; and the Contractor shall pay to the Department all or a portion of the funds paid to the Contractor pursuant to this contract without proof of loss or damages.
- 2.8.3 The Contractor shall provide documentation to the Department any memorandum(a) of agreement and/or understanding, consistent with the provision contained herein, between cooperating agencies within a specific region or other area(s) of service within thirty (30) days of the effective date.
- 2.8.4 None of these funds shall be used to purchase tobacco or alcohol products.
- 2.8.5 The Contractor shall not charge or solicit donations from the client regarding services paid under this contract.

3.0 GENERAL CONTRACTUAL REQUIREMENTS

- 3.1 Notwithstanding any other payment provision herein, failure of the Contractor to submit required reports when due, or failure to perform or deliver required work or services shall result in the withholding or rejection of payment under the contract unless such failure arises from causes beyond the control and without the fault or negligence of the Contractor.
- 3.2 The Contractor may subcontract for the provision of services as described in this document, provided that any subcontract include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations agreed to by the Contractor and the Department, including the civil rights requirements set forth in 19 CSR 10-2.010(5)(A)-(L), and provided that the Department approves the subcontracting arrangement prior to finalization. The Contractor shall ensure that the Department is indemnified, saved and held harmless from and against any and all claims of damage, loss, and cost (including attorneys fees) of any kind related to a subcontract in those matters described herein.
- 3.2.1 The Contractor shall expressly understand and agree that the responsibility for all legal and financial obligations related to the execution of a subcontract rests solely with the Contractor; and the Contractor shall assure and maintain documentation that any and all subcontractors comply with all requirements of this contract. The Contractor shall agree and understand that utilization of a subcontractor to provide any of the equipment or services in this contract shall in no way relieve the Contractor of the responsibility for providing the equipment or services as described and set forth herein.
- 3.3 If the Contractor has proposed the use of a certified Minority Owned Business Enterprise (MBE) and/or a Women Owned Business Enterprise (WBE) as subcontractor(s), the Contractor shall prepare and submit to the Department on a quarterly basis a report detailing all subcontracting expenditures to MBEs and WBEs. The report must include MBE/WBE subcontracting expenditures for the reporting period and for the fiscal year to date.
- 3.4 The Contractor shall be responsible for assuring that all personnel including those of any subcontractor(s), are appropriately qualified and licensed or certified, as required by state, federal or local law, statute or regulation, respective to the services to be provided through this contract; and documentation of such licensure or certification shall be made available upon request.
- 3.5 The Contractor shall retain, and make available to Department staff and auditor, all books, records, and other documents relevant to the contract for a period of three (3) years after final payment or the completion of an independent audit, whichever is later. If any litigation, claim, negotiation, audit or other actions involving the records has been started before the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three (3) year period, whichever is later. The Contractor shall allow authorized representatives of the Department, other State of Missouri agencies, and federal government to inspect these records upon request. The Contractor shall comply with the requirement set forth in the Single Audit Act of 1996 (Pl.105-156), OMB Circular A-133, revised June 24, 1997. A copy of any audit report shall be submitted to the Department. The Contractor shall return to the Department any funds disallowed in an audit of this contract.
- 3.6 The Contractor shall be responsible for all claims, actions, liability, and loss (including court costs and attorney's fees) for any and all injury or damage (including death) occurring as a result of the Contractor's performance, or the performance of any subcontractor, involving any equipment used or service provided, under the terms and conditions of this contract or any subcontract, or any

condition created thereby, or based upon any violation of any state or federal statute, ordinance, building code, or regulation by Contractor. However, the Contractor shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the State, including its agencies, employees, and assigns.

3.7 The Contractor agrees that funds provided by the Department will not be used in any manner to replace or supplant funds of the Contractor for any service included in this contract.

3.8 Non-Discrimination In Employment and Service Delivery

3.8.1 In connection with the furnishing of supplies and the performance of work under the contract, the Contractor and all subcontractors shall agree to the following:

3.8.1.1 Not to discriminate against recipients of service on the basis of race, color, religion, national origin, sex, handicap/disability, or age.

3.8.1.2 Not to discriminate against any employee or applicant for employment on the basis of race, color, religion, national origin, sex, or otherwise qualified handicap/disability status.

3.8.1.3 Not to discriminate against any applicant for employment or employee on the basis of age, where such applicant or employee is between the ages of 40 and 70 and where such Contractor employs at least 20 persons.

3.8.1.4 Not to discriminate against any applicant for employment or employee on the basis of that person's status as a disabled or Vietnam-era veteran, if the compensation payable to the Contractor or subcontractor is at least \$10,000 within a fiscal year.

3.8.1.5 To develop, implement, and maintain an affirmative action program if at least 50 persons in the aggregate are employed. For the purpose of this Part, an "affirmative action program" means positive action to influence all employment practices (including, but not limited to, recruiting, hiring, promoting, and training) in providing equal employment opportunity regardless of race, color, sex, national origin, religion, age (where the person affected is between age 40 and 70), disabled and Vietnam-era veteran status, and otherwise qualified handicapped/disability status. Such "affirmative action program" shall include:

A. A written policy statement committing the total organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;

B. The identification of a person designated to handle affirmative action;

C. The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to lay-off, recall, discharge, demotion, and discipline;

D. The exclusion of discrimination from all collective bargaining agreements; and

E. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

3.9 All parties agree to comply with Title VII of the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, color, national origin, age, sex, handicap/disability and religious beliefs. The Contractor further agrees to insert the foregoing provision in all subcontracts awarded thereunder.

- 3.10 All parties agree to comply with the 1964 Civil Rights Act, as amended; Part 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981 and the Americans with Disabilities Act of 1990 and all other applicable Federal and State laws which prohibit discrimination in the delivery of services on the basis of race, color, national origin, age, sex, handicap/disability or religious belief. The Contractor further agrees to insert the foregoing provision in all subcontracts awarded thereunder.
- 3.11 If discrimination by a Contractor is found to exist, the Department shall take appropriate enforcement which may include, but not necessarily be limited to, cancellation of the contract, removal from all bidder's lists issued by the Department until corrective action by the Contractor is made and ensured, or referral to the Attorney General's Office, whichever enforcement action shall be deemed most appropriate.
- 3.12 No part of any federal funds under the contract shall be used to pay the salary or expenses of the Contractor, or agency acting for the Contractor, to engage in any activities designed to influence legislation of appropriations pending before the United States Congress. The Contractor certifies that it shall comply with all requirements of 31 USC 1352, which is incorporated herein as if fully set out. In so doing, the Contractor agrees to submit to the Department, when applicable, "Disclosure of Lobbying Activities" reporting form.
- 3.13 The Contractor shall defend, protect, and hold harmless the State of Missouri, its officers, agents, and employees against all suits of law or inequity resulting from patent and copyright infringement concerning the Contractor's performance or products produced under the terms of the contract.
- 3.14 The Contractor represents himself/herself to be an independent Contractor offering such services to the general public and shall not represent himself/herself or his/her employees to be an employee of the State of Missouri. Therefore, the Contractor shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save and hold the State of Missouri, its officers, agents, and employees, harmless from and against any and all loss; cost (including attorney fees); and damage of any kind related to such matters.
- 3.15 Any change in the contract, including the Performance Requirements/Scope of Work described herein, whether by modification and/or supplementation, must be accomplished by a written contract amendment. The Contractor expressly and explicitly understands and agrees that no other methods and/or documents, including correspondence, acts, and oral communications by or from any person, shall be construed as an amendment to the contract.
- 3.16 The Contractor shall maintain strict confidentiality of all patient/client information or records, including electronic data that are supplied to it by the Department or that the Contractor establishes as a result of contract activities. The contents of such records shall not be disclosed to anyone other than the Department and the patient/client or patient/client's parent or legal guardian, audit personnel, or as required by law. The Contractor must supply required data to the Department to be eligible for payment.
- 3.17 Either party may terminate this contract in whole or in part at any time, with or without cause, upon thirty (30) days written notice. In the event of termination, the Contractor shall be paid only for work satisfactorily completed and accepted by the Department and for all noncancellable obligations incurred prior to the effective date of termination.

- 3.18 To the extent that the terms of the contract are consistent with 53 FR 8034, administration of the contract shall be in accordance with the Federal Uniform Administrative Requirements (53 FR 8034), or any superseding federal agency regulation, whichever is applicable and which are incorporated herein as if fully set out. In the event the terms of the contract and 53 FR 8034 contradict one another, the terms of the contract shall supersede and govern the Contractor's performance.
- 3.19 The Contractor shall abide by all provisions of 45 CFR Part 76, "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction", which is incorporated herein as if fully set out.
- 3.20 The Contractor shall abide by the provisions of the Pro-Children Act of 1994 (Public Law 103-227) regarding environmental tobacco smoke, which is incorporated herein as if fully set out.
- 3.21 The definition of "Missouri resident" is a person who has fixed their home/dwelling in Missouri, not for any special or temporary purpose, but with a present intention of remaining in Missouri permanently or for an indefinite period of time. (Reference "Missouri residence" or "Missouri domicile" as defined by statute in Parts 1.020(13), 472.010(10) and 630.005(11) RSMo 1994.)
- 3.22 By virtue of statutory authority, a preference will be given to materials, products, supplies, provisions and all other articles produced, manufactured, made or grown within the state of Missouri. Such preference shall be given when quality is equal or better and delivered price is the same or less.
- 3.23 In accordance with House Bill 600, the Department is precluded from contracting with a vendor or its affiliate who makes sales at retail of tangible personal property or for the purpose of storage, use or consumption in this state but fails to collect and properly pay the tax as provided in RSMo Chapter 144. Additional information regarding House Bill 600 is available on the Department of Revenue's website at <http://www.dor.mo.gov/tax/business/sales/hb600.htm>.
- 3.24 This contract shall be governed by and construed in accordance with the laws of the State of Missouri. The Contractor shall comply with all federal and state laws applicable to this contract including but not limited to those laws authorizing or governing the use of the federal funds paid to the Contractor through this contract.
- 3.25 Return of the proposed contract within thirty (30) calendar days of the date mailed by the Department is necessary to ensure execution of this contract by the Department.
- 3.26 To the extent that funds are appropriated and available, the Department shall have the right, at its sole option, based upon available funding and Contractor performance, to renew the contract for two (2) additional one-year periods. In the event the option is exercised, all terms and conditions, requirements and specifications of this contract shall remain the same and apply during the renewal period.
- 3.27 This contract shall not bind, nor purport to bind, the state for any contractual commitment in excess of the original contract period.
- 3.28 Business Associate Provisions:
- 3.28.1 Health Insurance Portability and Accountability Act of 1996 (HIPAA) - The Department's Section of Maternal, Child and Family Health (MCFH) is subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all regulations promulgated pursuant to authority granted therein. The Contractor constitutes a "Business Associate" of the MCFH as such term is defined in the Code of Federal Regulations (CFR) at 45

CFR 160.103. Therefore, the term, “Contractor” as used in this Part shall mean “Business Associate.”

3.28.1.1 Definitions: The Contractor shall agree and understand that for purposes of the Business Associate Provisions contained herein, terms used but not otherwise defined shall have the same meaning as those terms defined in 45 CFR parts 160 and 164, including, but not limited to the following:

A. “Individual” shall have the same meaning as the term “individual” in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502 (g).

B. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

3.28.1.2 Terms used but not otherwise defined in this Part (HIPAA Requirements) shall have the same meaning as those terms in the Privacy Rule, which is defined in 45 CFR parts 160 and 164.

3.28.1.3 The Contractor shall agree the MCFH must comply with 45 CFR 160 and 45 CFR 164 and that to achieve such compliance, the contractor must appropriately safeguard Protected Health Information (as that term is defined in 45 CFR 164.501), which the Contractor receives from or creates or receives on behalf of the MCFH Background and Purpose: To provide reasonable assurance of appropriate safeguards, the Contractor shall comply with the business associate provisions stated herein.

3.28.1.4 The MCFH and the Contractor agree to amend the contract as is necessary for the MCFH to comply with the requirements of the Privacy Rule and HIPAA requirements.

3.28.1.5 For additional information, 45 CFR 160 and 45 CFR 164 can be downloaded from the Internet at the following Internet address: <http://www.access.gpo.gov/nara/cfr/page1>.

3.28.2 Permitted uses and disclosures of Protected Health Information:

3.28.2.1 The Contractor may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the MCFH as specified in the contract, provided that such use or disclosure would not violate the Privacy Rule as the Privacy Rule applies to the MCFH.

3.28.2.2 The Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1) and shall notify the MCFH by no later than ten (10) calendar days after the contractor becomes aware of the disclosure of the Protected Health Information.

3.28.2.3 If required to properly perform the contract and subject to the terms of the contract, the Contractor may use or disclose Protected Health Information if necessary for the proper management and administration of the contractor’s business.

3.28.2.4 If the disclosure is required by law, the Contractor may disclose Protected Health Information to carry out the legal responsibilities of the contractor.

3.28.2.5 The Contractor may use Protected Health Information to provide Data Aggregation services to the MCFH as permitted by 45 CFR 164.504(e)(2)(i)(B).

3.28.3 Obligation of the Contractor:

- 3.28.3.1 The Contractor shall not use or disclose Protected Health Information other than as permitted or required by the contract or as otherwise required by law.
 - 3.28.3.2 The Contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the contract.
 - 3.28.3.3 The Contractor shall require that any agent or subcontractor to whom the contractor provides any Protected Health Information received from, created by, or received by the contractor pursuant to the contract, also agrees to the same restrictions and conditions stated herein that apply to the contractor with respect to such information.
 - 3.28.3.4 By no later than ten (10) calendar days of receipt of a written request from the MCFH or by another time as may be agreed upon in writing by the MCFH, the Contractor shall make the Contractor's internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, created by, or received by the contractor on behalf of the MCFH available to the MCFH and/or to the Secretary of the Department of Health and Human Services or designee for purposes of determining compliance with the Privacy Rule.
 - 3.28.3.5 The Contractor shall document any disclosures and information related to such disclosures of Protected Health Information as would be required for the MCFH to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528. By no later than ten (10) calendar days of receipt of a written request from the MCFH or by another time as may be agreed upon in writing by the MCFH, the Contractor shall provide an accounting of disclosures of Protected Health Information regarding an individual to the MCFH.
 - 3.28.3.6 In order to meet the requirements under 45 CFR 164.524, the Contractor shall, within ten (10) calendar days following a MCFH request or by another time as may be agreed upon in writing by the MCFH, provide the MCFH access to the Protected Health Information in an individual's Designated Record Set. However, if requested by the MCFH, the Contractor shall provide access to the Protected Health Information in a Designated Record Set directly to the individual for whom such information relates.
 - 3.28.3.7 At the request of the MCFH or an Individual, the Contractor shall promptly make any amendment(s) to Protected Health Information in a Designated Record Set that the MCFH directs or agrees to pursuant to 45 CFR 164.526.
- 3.28.4 Obligations of the MCFH:
- 3.28.4.1 The MCFH shall notify the Contractor of limitation(s) that may affect the Contractor's use or disclosure of Protected Health Information, by providing the Contractor with the MCFH's notice of privacy practices of the state agency in accordance with 45 CFR 164.520 to the extent that such limitation may affect the Contractor's use or disclosure of Protected Health Information.
 - 3.28.4.2 The state agency's notice of privacy practices shall also be considered the Contractor's notification of any limitation(s) in the state agency's notice of privacy practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the contractor's use or disclosure of Protected Health Information.
 - 3.28.4.3 The MCFH shall notify the Contractor of any changes in, or revocation of, authorization by an individual to use or disclose protected health information to the

extent that such changes may affect contractor's use or disclosure of Protected Health Information.

- 3.28.4.4 The MCFH shall notify the Contractor of any restriction to the use or disclosure of protected health information that the MCFH has agreed to in accordance with 45 CFR 164.522.to the extent that such restriction may affect the Contractor's use or disclosure of protected health information.
- 3.28.4.5 The MCFH shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule as the Privacy Rule applies to the MCFH.

4.0 Bid Submission Requirements

- 4.1 Bids must be received in a sealed envelope on or before the published date and time listed on the cover page of the bid document to the address listed below. Faxed copies will not be accepted.

For submitting bids through regular mail:
Missouri Department of Health and Senior Services
Bureau of Contracts and Procurements
P.O. Box 570
Jefferson City, MO 65102-0570

For submitting bids through courier services or overnight delivery services:
Missouri Department of Health and Senior Services
Bureau of Contracts and Procurements
930 Wildwood Drive
Jefferson City, MO 65109

Note: Submitting bids through regular mail to the Department's PO Box 570 does not guarantee receipt of the bid document by the Bureau of Contracts and Procurements, 930 Wildwood, before the published closing date and time.

- 4.1.1 IFB#0502 can be viewed at the Department of Health and Senior Services Internet site at <http://www.dhss.state.mo.us>.

- 4.2 All bids shall be received at the Department's Bureau of Contracts and Procurements on or before the date and time listed on the cover page of the bid document. **BIDS RECEIVED AT THE DEPARTMENT'S BUREAU OF CONTRACTS AND PROCUREMENT AFTER THE PUBLISHED DATE AND TIME WILL NOT BE CONSIDERED OR EVALUATED. Faxed copies will not be accepted.**

- 4.2.1 The Department is not responsible for bids which are lost in the mail or otherwise not received in the Department's Bureau of Contracts and Procurements by the published date and time.
- 4.2.2 All materials received become the property of the Department and will not be returned.
- 4.2.3 The sealed envelope should clearly identify "IFB #0502" in the lower left corner of the envelope.
Example:

Bidder's address

Missouri Department of Health and Senior Services
Division of Administration
Bureau of Contracts and Procurements
P. O. Box 570
Jefferson City, MO 65102-0570

IFB #0502

- 4.2.4 Offerors submitting bids are cautioned not to contact any employee of the Department except the Buyer of Record listed on the cover page of this document, regarding this invitation for bid. Questions may be directed to the following address:

Missouri Department of Health and Senior Services
Division of Administration – Bureau of Contracts and Procurements
930 Wildwood – P.O. Box 570

Jefferson City, MO 65102
Telephone No.: (573) 526-3222

- 4.2.5 Original bid must be submitted along with the number of photocopies listed on the cover page of the bid. All copies shall include a signed cover page, be single-sided and unbound.
- 4.2.6 The bid shall not exceed fifteen (15) pages in length. At the Department's option, any bid exceeding the maximum length of pages may be considered non-responsive and shall not be evaluated, or the pages exceeding the maximum will not be evaluated. If an appendix is not copied from the IFB or specifically required by the IFB, it will be counted in the total number of pages allowed.
- 4.2.7 Bids should be typed on white paper with one (1) inch margins, and nothing below twelve (12) point font. Do not staple, or use bid covers or binders.
- 4.2.8 To facilitate the evaluation process, the bidder shall organize the bid into the distinctive Parts that directly correspond with the IFB.
 - 4.2.8.1 The signed IFB cover page, including completion of each applicable blank, shall be placed at the beginning of the bid along with all signed amendments.
 - 4.2.8.2 Any attachments, including completed appendix forms, should be placed at the end of the bid, with the **unit price page being the last page**.
- 4.3 It is the sole responsibility of the bidder to submit information related to the requirements of this IFB. The State of Missouri is under no obligation to solicit such information if it is not included with the bid.
- 4.4 Executive Order 98-21 directs state agencies to increase the participation of certified minority business enterprises (MBE) and women business enterprises (WBE) in state procurements. Effective July 1, 1999, MBE/WBE certification will be required to be considered an eligible MBE/WBE in meeting participation goals. If the bidder is certified as a MBE or WBE, the bidder shall complete the applicable blank on the IFB cover page. If the bidder is certified as a MBE, the bidder shall also complete and return Appendix H (*Affidavit of MBE Status*). If the bidder qualifies but is not currently certified as a MBE or a WBE as defined in 37.020 RSMo (see Part 27.5.1), the bidder shall complete and return Appendix H (*Affidavit of MBE Status*) and Appendix I (*MBE/WBE Certification*). By marking the appropriate blank on Appendix I, an application for certification will be mailed to the bidder. The bidder may also contact the MBE/WBE Purchasing Program at 800-592-6019 or email "heyern@mail.oa.state.mo.us". All bidders shall complete and return Appendix J (*Minority Subcontracting Participation*). If subcontractors will be used to fulfill the requirements of this contract, the bidder shall also complete and return Appendix K (*Documentation of Minority Participation*) and Appendix L (*Documentation of Good Faith Effort*).
 - 4.4.1 A minority business enterprise (MBE) is defined in RSMo 37.020 as a business that is a sole proprietorship, partnership, joint venture or corporation in which at least fifty-one percent (51%) of the ownership interest is held by minorities and the management and daily business operations of which are controlled by one or more minority. Minority is defined in RSMo 33.750 as belonging to one of the following racial minority groups: African Americans, Native Americans, Hispanic Americans, Asian Americans or similar racial groups.
- 4.5 Offerors submitting bids must include the following information:

-
- 4.5.1 Cover Page. This form must include an original signature (preferably signed in blue ink), no stamped signatures. The signature must be that of an individual legally authorized to sign contracts for the agency.
- 4.5.2 All forms containing signature lines, such as the IFB cover page, any MBE/WBE or minority participation Appendices (Appendix H, I, J, K, and L) and the Unit Price Bid Page (Appendix M), must have an original signature. Failure to sign the IFB cover page shall eliminate the bid from consideration for award.
- 4.6 The bidder must respond to this IFB by submitting all data required herein. Failure to submit such data shall be deemed sufficient cause for disqualification of a bid from further consideration for award.
- 4.7 Clarification of Requirements:
- 4.7.1 Any and all questions regarding specifications, requirements, competitive procurement process, etc. shall be directed to the Buyer of Record identified on the IFB cover page.
- 4.7.2 Bidders are cautioned not to contact any other employee of the Department concerning this procurement during the competitive procurement and evaluation processes.
- 4.7.3 The bidder is advised that the only official position of the Department is that position which is stated in writing and issued by the Department as an Invitation for Bid and any amendments thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement on behalf of the Department.
- 4.8 Evaluation Process:
- 4.8.1 Bids will be reviewed by Department staff.
- 4.8.2 After determination of the bid's responsiveness to the mandatory requirements of the IFB, the evaluators will conduct an analysis of the bidder's ability to fulfill the intent of the IFB, and a comparative assessment of the benefits and deficiencies will be made of the bid in accordance with the evaluation criteria as described herein.
- 4.8.2.1 Experience and Reliability (18 total points possible)
- A. Documentation of successful and reliable experience in past performance of services listed in this contract. If bidder is a previous contractor, include documentation of percent of prior contract award expended and provide rationale for expenditure history. (8 points possible)
- B. Information related to services and contracts performed by the bidder, and any proposed subcontractor(s), which are similar to the requirements of this IFB must be submitted on the Prior Agency Experience Summary Form included as Appendix N. (10 points possible)
- 4.8.2.2 Expertise of Personnel (7 total points possible)
- A. The qualifications of the personnel proposed to perform the requirements of this contract, whether from the bidder's organization or from a proposed subcontractor. Detailed information related to the experience and qualifications (including education and training) shall be submitted for all key personnel. Key personnel are those that direct and/or manage any relevant programs or services, including, all staff that function as case manager. (7 points possible)

- B. The bidder must use a photocopy(ies) of Appendix K for summarizing key personnel information for each service proposed.

4.8.2.3 Method of Performance (57 total points possible)

- A. Coordinated comprehensive service system as specified in the IFB. (57 points possible)
1. Outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients. (4 points possible)
 2. Proposed service area(s), including the demographic profile of at-risk population(s), the number of clients to be served, and types of services to be provided. (7 points possible)
 3. Explanation of service delivery system including a detailed description of case management processes, any referral network and referral plan, as well as a plan for assuring cultural competency of providers. (17 points possible)
 4. Geographic proximity of the services being proposed to the majority of clients to be served. (8 points possible)
 5. Hours that case management may be accessed by any new or established clients, including hours and description of any coverage outside of the normal business hours of 8:00 a.m. – 5:00 p.m., Monday through Friday. (5 points possible)
 6. Plan for management and coordination of contract services, including system entry, case management, client assessment, client-centered decision-making, development of individual pregnancy continuation care plan, and education of clients regarding available services (including those not covered through this contract) and any limitations. (7 points possible)
 7. Methodology for ensuring that the Six-Month Client Satisfaction survey and Discharge Outcomes Survey are completed. (3 points possible)
 8. Plan for developing and implementing an evaluation and Continuous Quality Improvement (CQI) plan. This plan shall include evidence of evaluation and CQI process activities that evaluate the program components of: (6 points possible)
 - A. Infrastructure (such as environment, equipment, staffing, written policy)
 - B. Methods of delivery of services (how and when the service is provided)
 - C. Outcomes (such as objectives met, client or community well-being, and client satisfaction)
 - D. Compliance with standards and licensure as required by all oversight agencies (such as the Missouri Board of Healing Arts and Nursing)
- B. This plan shall identify methods of evaluation including indicators that can be measured for continuous quality improvement and capture the data necessary to evaluate program impact. The plan shall also address plans and methods to

improve the program components as identified in the evaluation and CQI process activities.

4.8.2.4 Budget/Cost (18 total points possible)

A. The bidder shall submit completed Unit Price Bid Page, (Appendix M). An original signature by the bidder's duly authorized representative must be included, along with the date of such signature. The allowable fee schedule shall delineate a firm, fixed price per unit of service to be provided during each applicable contract period. For purposes of this IFB, "reasonable and customary" shall be the average unit price among all bidders for every service listed on the price page. This average will be used for bid evaluation purposes only. (18 points possible)

1. The "Specified Unit of Service" refers to the increment of service for which the Contractor will invoice for each applicable service (i.e. per hour, per mile, etc.) during each contract period.
2. The "Fixed Unit Price" refers to the firm fixed rate per unit to be billed during each applicable contract period.
 - a. The services of Case Management and Housing have pre-assigned Fixed Unit Prices. To give the bidder a range of cost choices, these pre-assigned Fixed Unit Prices are further divided into cost levels. Under this contract, Case Management is a required service. Bidders should estimate the number of Case Management units they will provide to clients. Estimates must be listed on the Unit Price Bid Page.
 - b. Housing is not a required service under this contract. If Housing is one of the services the Contractor chooses to provide under this contract, the bidder should estimate the number of units to be provided to clients. The bidder should use one or more of the Unit Price cost levels that most closely approximates costs. Estimates must be listed on the Unit Price Bid Page.
3. The "Total Requested Amount" refers to the total amount of funding requested to provide all services proposed for each applicable contract period. The "Total Requested Amount" is not intended to be a total of the rates per unit of service.
4. Each unit of service and fixed unit price must be provided on the Unit Price Bid Page in order to be covered through this contract. Inclusion of a price per unit of service does not obligate the bidder to actually provide that service. Services will be reimbursed at only the prices listed on the Unit Price Bid Page.
5. The bidder shall submit a written description detailing the services to be invoiced under "Other Services."

4.8.3 After an initial screening process, the Department reserves the right to clarify by conference call or interview any component of the bid that is unclear.

4.8.4 The Department reserves the right to consider historic information and fact, whether gained from the offeror's bid, question and answer conferences, references, or any other source, in the evaluation process. If the Contractor underserves during the current year by 40% or more,

successive award may not be more than double the total amount which the Contractor invoiced during the last contract year.

4.9 Contract Award:

4.9.1 Any award of contract resulting from this IFB will be made only by written authorization from the Department.

4.9.1.1 The Department reserves the right to allocate funds based on need in accordance with data and information available to the Department.

A. The Department reserves the right to award partial awards. The bidder agrees that when the cover page, confirming the amount awarded, is countersigned by an authorized official of the Department, a binding contract shall exist between the bidder and the Department.

4.9.1.2 Services of this contract are bid on a competitive basis and, as a result, all bidders may not receive an award. The Department reserves the right to accept any bid, to reject any or all bids, in full or in part, and to waive irregularities and/or formalities as deemed appropriate.

4.9.1.3 If there are multiple qualifying bidders, funding shall be allocated to a minimum of two bidders.

4.9.1.4 Federal Title V Funds may be available to fund this program. The Department will make every attempt to complete award of partially awarded bids and to award those who originally did not receive an award. The Department reserves the right to finalize awards based upon statewide assessment, abortion rates, and contractor utilization of funds.

5.0 APPENDICES

APPENDIX A:	Six-Month Client Satisfaction Survey
APPENDIX B:	Discharge Outcomes Survey
APPENDIX C:	Client Eligibility Statement (Page 1 of 2) Financial Eligibility (Page 2 of 2)
APPENDIX D:	Initial Client Assessment
APPENDIX E:	Individualized Pregnancy Continuation Plan
APPENDIX F:	Invoice and Invoice Attachment
APPENDIX G:	Birthing Outcome
APPENDIX H:	Affidavit of MBE Status
APPENDIX I:	MBE/WBE Certification
APPENDIX J:	Minority Subcontracting Participation
APPENDIX K:	Documentation of Minority Participation
APPENDIX L:	Documentation of Good Faith Effort
APPENDIX M:	Unit Price Bid Page
APPENDIX N:	Prior Agency Experience Summary Form
APPENDIX O:	Personnel Summary Form

SIX-MONTH CLIENT SATISFACTION SURVEY**Agency Name:** _____**Date Completed:** _____**Please check the box for each service you have received and then circle the rating you give to that service.**☐ **Case Management**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Domestic Abuse Prevention**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Finding a Home**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Paying Electric/Gas Bills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Continuing School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Going Back to School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Training**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Placement**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Counseling**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Clothing (mom or baby)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Food**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Supplies**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Drug/Alcohol Testing/Treatment**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Help with an Adoption**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Involving and Teaching the Baby's Father**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Transportation**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Prenatal Care**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Getting an Ultrasound**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Care for Me**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Care for my Baby**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Child Care (babysitting)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Teaching Parenting Skills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Please rate the following statements:

1. I am able to schedule appointments at times that are convenient for me.

1

2

3

4

5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

2. I am seen at my appointment time.

1

2

3

4

5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

3. I am able to decide which service(s) I want.

1

2

3

4

5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

4. I fully understand the service(s) I am receiving.

1

2

3

4

5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

5. The service(s) I receive have assisted me in continuing my pregnancy.

1

2

3

4

5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

6. I am satisfied with the service(s) I receive.

1

2

3

4

5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

7. I would recommend this agency to a friend or family member.

1

2

3

4

5

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Comments (Optional): Any details provided will enhance service delivery.

Client Outcomes Survey

Agency Name: _____

Client Name: _____ Program Discharge Date _____

Is the client pregnant at discharge? ☐ Yes ☐ No

This form is completed at client discharge to show outcomes of the Alternatives to Abortion program. Please mark responses for each service completed and/or accessed by the client and/or the client's children and or the father of the unborn child/infant. Use additional sheets for additional information.

Prenatal Care		
Did the client access prenatal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete prenatal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Care		
Did the client access medical care related to the prevention of abortion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete medical care related to the prevention of abortion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health Care		
Did the client access counseling services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete counseling services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client access treatment for a mental illness or condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete treatment for a mental illness or condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parenting Skills		
Did the client access parenting skills classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete parenting skills classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug and Alcohol Testing and Treatment		
Did the client access drug and/or alcohol testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete drug and/or alcohol testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client access drug and/or alcohol treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete drug and/or alcohol treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client smoke before she was pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client smoke when she was admitted to the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the client smoked, did she receive smoking cessation counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client smoke at the time of discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Care		
Did the client access child care in order to participate in other contract activities or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did use of child care enable the client to complete contract activities or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Newborn or Infant Care		
Did the client access newborn or infant care in the 12 months after delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete newborn or infant care related to the maintenance of health or prevention of illness for the infant in the 12 months after delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete newborn or infant care related to treatment of injury or illness for the infant in the 12 months after delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client access EPSDT (Well Child) services for the newborn/infant in the 12 months after delivery, or at the time of discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many EPSDT (Well Child) services did the newborn/infant receive in the 12 months after delivery, or at the time of discharge? Number _____		

Housing		
Did the client access safe housing for herself and her children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the client's safe housing needs currently met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities		
Did the client access utility services for any safe place where she and her children resided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the client's needs for utility services currently met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Educational Services		
Did the client access educational services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What services did the client access? <input type="checkbox"/> College undergraduate degree <input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> Business <input type="checkbox"/> Vocational <input type="checkbox"/> Technical training <input type="checkbox"/> Other (specify) _____		
Was the education service(s) completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What degree/level/program was completed? <input type="checkbox"/> College undergraduate degree/hours _____ <input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> Business <input type="checkbox"/> Vocational <input type="checkbox"/> Technical training <input type="checkbox"/> Other (specify) _____		
Food		
Did the client receive WIC or other food assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clothing		
Did the client receive clothing services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplies		
Did the client receive supplies? (Specify types of supplies received)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adoption Assistance		
Did the client access adoption assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete decision to place her infant(s) for adoption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Training and Placement		
Did the client access job training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete job training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the client currently working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the father access job training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the father complete job training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the father currently working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Establishing and Promoting Responsible Paternity		
Did the client access the legal process of paternity acknowledgement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete the legal process of paternity acknowledgement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the father access services (e.g. counseling services, support groups)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the father complete services (e.g. counseling services, support groups)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ultrasound Services		
Did the client access ultrasound services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete ultrasound services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domestic Abuse Protection		
Did the client access domestic abuse protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete services that assured the physical and emotional safety of herself and her child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At discharge, are the client and her child(ren) in a safe relationship and safe environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation		
Did the client access transportation services for herself or her child(ren) to access any of the program services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the client complete transportation services which enabled her or her child(ren) to access any of the program services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Services		
Did the client access other services related to carrying her unborn child to term instead of having an abortion and to assist her in caring for her dependent child or placing her child for adoption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Services and Outcomes (Use additional sheets for additional information)		

_____ Name
_____ Date Completed

**Alternatives to Abortion Services
Individual Risk and Needs
Assessment Form**

1. I am pregnant.
☐ Yes ☐ No
2. I am seeking these services instead of seeking an abortion.
☐ Yes ☐ No
3. If the answer to number 2 is “yes” please indicate the issues that have caused you to think about ending this pregnancy.

4. I have no other resources to pay for these services.
☐ Yes ☐ No
5. My income meets the financial limitations as shown in the attached guidelines.
☐ Yes ☐ No

Client Signature_____
Date_____
Witness_____
Date

I understand that if I receive services under the Alternatives to Abortion program, I will have the opportunity to complete a survey regarding services received. In addition, the DHSS may mail me a survey one year after completion of the program. Response to the surveys is voluntary and will not jeopardize my participation in the program now or in the future.

FINANCIAL ELIGIBILITY
JULY 1, 2004 – JUNE 30, 2005

Financial Eligibility Guidelines are based on the 2004 U.S. Department of Health and Human Services Poverty Income Guidelines at, or below, 200% of poverty. All third party payers must be utilized before the Department of Health and Senior Services will consider reimbursement.

FAMILY SIZE	MAXIMUM ANNUAL INCOME	MAXIMUM MONTHLY INCOME	MAXIMUM WEEKLY INCOME
1	\$18,620	\$1,552	\$358
2	\$24,980	\$2,082	\$480
3	\$31,340	\$2,612	\$603
4	\$37,700	\$3,142	\$725
5	\$44,060	\$3,672	\$847
6	\$50,420	\$4,202	\$970
7	\$56,780	\$4,732	\$1,092
8	\$63,140	\$5,262	\$1,214
9	\$69,500	\$5,792	\$1,336
10	\$75,860	\$6,322	\$1,458
11	\$82,220	\$6,852	\$1,580
12	\$88,580	\$7,382	\$1,702

Initial Client Assessment

CLIENT/FAMILY DATA

PLEASE PRINT

Clients name: _____

Address: _____

Marital status: S M D W

Do you have: Private Insurance ☐ Medicaid ☐ # _____ Uninsured ☐

Name of MC+ Provider: _____

Race: White ☐ African American ☐ American Ind./Alaskan Native ☐ Asian Pacific Islander ☐ Other ☐Ethnic Background: Hispanic ☐ Non Hispanic ☐

Head of household name: _____

Address: _____ Telephone #: _____

Emergency contact person name: _____

Address: _____ Telephone #: _____

Directions to home: _____

Family physician: _____ Referred by: _____ Date: _____

Address: _____ Address: _____

Social History

Are you employed? _____ Income \$ _____ Hourly _____ Weekly _____ Monthly _____ Yearly _____

Number of persons supported by this income: _____

Number of school years completed: _____ Are you a student: _____ Where: _____

Communication skills: _____

Living arrangements (e.g. apt, house, trailer, with functional utilities, i.e. with electricity and running water): _____

Others in home: _____

Cultural/Religious beliefs: _____

Supportive Services

Are there any problems that keep you from getting to appointments (e.g. transportation, child care)?

Are you presently using services from other agencies related to:

Health _____

Social Services _____

Education _____

Lifestyle**ON A TYPICAL DAY:**

How many cigarettes do you smoke? _____

How many hours do you sleep? _____

How many servings of the following do you eat:

Fruits _____ Nuts/Beans _____

Breads/Cereals _____ Eggs/Meats _____

Vegetables _____ Milk/Dairy Products _____

Coffee/Tea/Cola _____

Do you have any problems with mood swings, depression, or coping? _____

Does anyone hurt you in any way? _____

Are you, or have you been in a relationship where someone hit, slapped, kicked you or abused you in any way? _____

IN A TYPICAL WEEK HOW OFTEN DO YOU:

Exercise _____ Use Alcohol _____ Use street drugs _____ Use over the counter drugs _____

Personal Health	Allergies:									
	Medications (Name & dosages):									
	Conditions:	Yes	No	Past	Present		Yes	No	Past	Present
	1. Cardiovascular Disease <i>(hypertension, blood clots migraine, varicose veins)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Hematologic (<i>anemia, sickle cell, Rh</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Metabolic (<i>diabetes, thyroid disease, gallbladder, hepatitis</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Genitourinary (<i>STD's vaginal infections</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Cancer (<i>breast, genital DES exposure</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Breasts <i>(lump, cysts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Neurologic (<i>depression, epilepsy, nervousness</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Respiratory <i>(T.B., asthma, other chronic respiratory disease)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, specify condition & describe _____ _____									
Other Illnesses (<i>Accidents/injuries surgery, hospitalization</i>) _____ _____										
Recent problems (<i>Symptoms, parental concerns, etc.</i>) _____ _____										
Pregnancy History	Perinatal History		Length of Preg.	Termination Date Mo – Yr	Length Labor	Type Delivery	Perinatal Complications (Include med. Taken)			
	# Pregnancies ____	Preg. #1	____	____	____	____	____			
		#2	____	____	____	____	____			
	# Deliveries ____	#3	____	____	____	____	____			
		#4	____	____	____	____	____			
		#5	____	____	____	____	____			
		#6	____	____	____	____	____			
		#7	____	____	____	____	____			
	Infant Information		Sex	Weight	Length	Condition at birth				
Preg. #1	____	____	____	____						
#2	____	____	____	____						
#3	____	____	____	____						
#4	____	____	____	____						
#5	____	____	____	____						
#6	____	____	____	____						
#7	____	____	____	____						
Labor and delivery complications: _____ _____										
Staff comments: _____ _____ _____ _____ _____ _____ _____ _____										

Initial Client Assessment

Identified Strengths: _____
_____Concerns of Client: _____
_____**Services Needed:****Describe:**

- ☐ Prenatal Care _____
- ☐ Ultrasound Services _____
- ☐ Housing _____
- ☐ Utilities _____
- ☐ Education _____
- ☐ Job Training & Placement _____
- ☐ Establishing Paternity/Father Involvement _____
- ☐ Adoption Issues _____
- ☐ Help in Quitting Drugs/Alcohol Use _____
- ☐ Help in Quitting Smoking _____
- ☐ Domestic Abuse Protection/Partner Violence _____
- ☐ Medical Care _____
- ☐ Newborn or Infant Care _____
- ☐ Child Care _____
- ☐ Mental Health Care _____
- ☐ Parenting Skills _____
- ☐ Transportation _____
- ☐ Clothing _____
- ☐ Food _____
- ☐ Supplies _____
- ☐ Other Services _____

Professional Assessment

Signature of Preparer

Individualized Pregnancy Continuation Plan

Client Name:_____

Client Date of Birth:_____ Client SSN:_____

Date Initiated	Service	Interventions	Date Completed	Outcome

Individualized Pregnancy Continuation Plan

Client Name:_____

Client Date of Birth:_____ Client SSN:_____

Date Initiated	Service	Interventions	Date Completed	Outcome

Case Manager_____

SignatureDate

Client_____

SignatureDate

**Alternatives to Abortion
Invoice**Service Period: _____
(Month/Year)

Total Number of Units	Cost Per Unit	Service	Total Number of Clients	Total Cost
	\$ 50.00	Professional Case Management –Face-to-Face		\$
	\$ 10.00	Professional Case Management –Non Face-to-Face		\$
	\$ 70.00	Professional Case Management - Home Visit		\$
	\$ 20.00	Non-Professional Case Management –Face-to-Face		\$
	\$ 5.00	Non-Professional Case Management - Non Face-to-Face		\$
	\$ 40.00	Non-Professional Case Management - Home Visit		\$
	\$	Adoption Assistance		\$
	\$	Child Care		\$
	\$	Clothing (relating to pregnancy, newborn care and parenting)		\$
	\$	Delivery		\$
	\$	Domestic Abuse Protection and Transportation		\$
	\$	Drug/Alcohol Testing and Treatment		\$
	\$	Educational Services		\$
	\$	Efforts to Promote Responsible Paternity		\$
	\$	Food (relating to pregnancy, newborn care and parenting)		\$
	\$ 10.00	Housing Cost #1		\$
	\$ 20.00	Housing Cost #2		\$
	\$ 30.00	Housing Cost #3		\$
	\$ 40.00	Housing Cost #4		\$
	\$ 50.00	Housing Cost #5		\$
	\$ 60.00	Housing Cost #6		\$
	\$	Job Training and Placement		\$
	\$	Medical Care		\$
	\$	Ultrasound Services		\$
	\$	Supplies (relating to pregnancy, newborn care and parenting)		\$
	\$	Transportation		\$
	\$	Prenatal Care		\$
	\$	Parenting Skills		\$
	\$	Newborn or Infant Care		\$
	\$	Mental Health Care		\$
	\$	Utilities		\$
	\$	Other Services		\$
Grand Total			\$	

Contractor Name _____

Address _____

Authorized Signature _____

Date _____

Alternatives to Abortion Invoice Attachment

Service Period: July 2003
(Month/Year)

[illegible]

Birthing Outcomes

Birthing outcomes must be completed on each client within sixty (60) days of the date the client delivers. A copy of the Birthing Outcomes is to be sent with the next invoice.

Client Name _____ Date of Birth _____ Social Security Number _____	Delivery Date: _____	
Delivery Outcome (check all that apply):	<input type="checkbox"/> Healthy Maternal Outcome	<input type="checkbox"/> Healthy Infant Outcome
<input type="checkbox"/> Miscarried	<input type="checkbox"/> Aborted	<input type="checkbox"/> Baby Placed for Adoption
<input type="checkbox"/> Mother Kept Baby	<input type="checkbox"/> Baby Placed with Relative	<input type="checkbox"/> Baby Placed in Foster Care
<input type="checkbox"/> Other (Please explain): _____		

AFFIDAVIT OF MBE STATUS

A Minority Business Enterprise (MBE) is defined in RSMo 37.020 as a business that is a sole proprietorship, partnership, joint venture or corporation in which at least fifty-one percent (51%) of the ownership interest is held by minorities and the management and daily business operations of which are controlled by one or more minority. Minority is defined in RSMo 33.750 as belonging to one of the following racial minority groups: African Americans, Native Americans, Hispanic Americans, Asian Americans or similar racial group.

By signing below, the undersigned hereby affirms that he/she or the company that he/she represents meets the above definition of a Minority Business Enterprise.

Company Name

Mailing Address

City, State, Zip

Name and Title of Authorized Representative

FEIN No.

Signature

Date

MBE/WBE CERTIFICATION

Executive Order 98-21 directs state agencies to increase the participation of certified minority business enterprises (MBE) and women business enterprises (WBE) in state procurements. Effective July 1, 1999, MBE/WBE certification will be required to be considered an eligible MBE/WBE in meeting participation goals. If you qualify as a MBE or a WBE as defined in 37.020 RSMo, please mark the appropriate blank below to receive an application for certification or contact the MBE/WBE Purchasing Program at 800-592-6019 or email heyern@mail.oa.state.mo.us.

_____ MBE

_____ WBE

Company Name_____
Mailing Address_____
City, State, Zip_____
Name and Title of Authorized Representative_____
Signature_____
Date

MINORITY SUBCONTRACTING PARTICIPATION

The bidder shall indicate below if subcontractors will be used to fulfill the requirements of the contract, or if the bidder will provide all proposed services and/or equipment on an independent basis.

☐

Yes

☐

No

☐

N/A

If yes, the bidder shall complete and return *Documentation of Minority Participation* form, Exhibit G, and indicate in the space provided the percentage in terms of the total dollar value of the contract that will be subcontracted to (MBEs/WBEs). _____%.

Company Name

Mailing Address

City, State, Zip

Name and Title of Authorized Representative

Signature

Date

DOCUMENTATION OF MINORITY PARTICIPATION

Please complete and return this form with the bid for **each** MBE proposed as a subcontractor.

Name of MBE/WBE firm: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Type of Business: _____

Officer: _____

Title: _____

Signature of MBE/WBE

Date

Describe the subcontract work to be performed: *(attach additional pages, as necessary)*

Indicate the portion of the contract in terms of total dollars and percentage to be subcontracted to the MBE/WBE:

\$_____ = _____ % (of total contract value)

Is the proposed subcontractor certified as a MBE/WBE firm by any federal government agencies, state agencies, State of Missouri city or county government agencies, minority supplier councils or other certifying entities?

If yes, provide evidence of current certification

_____ **Yes** _____ **No**

DOCUMENTATION OF GOOD FAITH EFFORT

Appendix L

If subcontracting and no MBEs are proposed as subcontractors, or if less than 5% of the total dollar value of the subcontract will be subcontracted to MBEs, the bidder must demonstrate that a good faith effort has been made to achieve the 5% goal. Information submitted on this form, supporting documentation, or other sources of information will be used to determine the extent to which a good faith effort has been made. Determination of sufficient performance of these efforts is within the discretion of the Division of Purchasing and Materials Management.

Part A - Initial Efforts:

1. Note specific efforts to identify potential MBE subcontractors. (i.e., Contacting the Division of Purchasing and Materials Management's Minority Purchasing Unit, minority business councils and trade associations, consulting minority business directories, etc.)

2. Identify advertising efforts taken by your firm with the intent to recruit potential MBE subcontractors for various aspects of the project. (Provide names of newspapers, dates of advertisements and copies of ads.)

3. Note specific efforts to contact in writing MBE's qualified to participate as subcontractors for the project in sufficient time to allow for their effective participation. (Provide name, address and telephone number of MBE firms contacted and dates and copies of correspondence/notices.)

(As a general guideline, sufficient performance of two of the tasks in Part A may be considered a good faith effort.)

Part B - Follow Up Efforts

4. Describe efforts made by your firm to provide interested MBEs with sufficiently detailed information about specifications and requirements of the contract. (Submit copies of information provided to the MBEs.)

5. Describe steps taken by your firm to divide work into portions to facilitate MBE participation.

6. List reasons for rejecting MBEs which submitted bids.

(As a general guideline, if potential MBE subcontractors were identified through the steps taken in Part A, sufficient follow up by performing of two of the tasks in Part B may be considered a good faith effort.)

Company _____ **Signature** _____ **Date** _____

UNIT PRICE BID PAGE

In accordance with the terms, conditions, requirements, and specifications set forth in this IFB/contract, the bidder must provide a firm fixed price per unit of service to be utilized during the contract period.

With the following service listing, the Contractor may elect to provide one or more service(s) in addition to the required case management service.

Services	Specified Unit of Service	Estimate of Total Number of Units to be Expended	Fixed Unit Price
Case Management for Pregnancy Maintenance			
Professional Case Management-Face-to-Face	1 Encounter		\$ 50.00
Professional Case Management-Non Face-to-Face	1 Encounter		\$ 10.00
Professional Case Management-Home Visit	1 Encounter		\$ 70.00
Non-Professional Case Management-Face-to-Face	1 Encounter		\$ 20.00
Non-Professional Case Management-Non-Face-to-Face	1 Encounter		\$ 5.00
Non-Professional Case Management-Home Visit	1 Encounter		\$ 40.00
Ultrasound Services	1 test		\$
Efforts to Promote Responsible Paternity	1 hour		\$
Adoption Assistance	1 hour		\$
Drug, Alcohol Testing and Treatment	1 hour		\$
Domestic Abuse Protection	1 hour		\$
Medical Care	1 visit		\$
• Prenatal Care Only	Global		\$
• Prenatal/Delivery	Global		\$
Mental Health Care	¼ hour		\$
Newborn or Infant Care	1 hour		\$
Child Care	1 hour		\$
Parenting Skills	1 hour		\$
Food (relating to pregnancy, newborn care and parenting.)	Per client, Per day		\$
Clothing (relating to pregnancy, newborn care and parenting.)	Per client, Per month		\$
Supplies (relating to pregnancy, newborn care and parenting.)	Per client, Per month		\$

Services	Specified Unit of Service	Estimate of Total Number of Units to be Expended	Fixed Unit Price
Housing Cost			
• Cost # 1	1 day		\$ 10.00
• Cost # 2	1 day		\$ 20.00
• Cost # 3	1 day		\$ 30.00
• Cost # 4	1 day		\$ 40.00
• Cost # 5	1 day		\$ 50.00
• Cost # 6	1 day		\$ 60.00
Utilities	1 month		\$
Educational Services	Per day		\$
Job Training and Placement	1 hour		\$
Transportation	1 month		\$
Other Services	Per client, Per month		\$
			\$
Requested Amount (This is not intended to be a total of the unit prices.):			\$

The bidder shall identify the geographic area(s) (list county name(s) for which the bidder is proposing administration and delivery or referral of all services as identified in this IFB/contract:

Signature

Date

Name of Organization

PRIOR AGENCY EXPERIENCE SUMMARY FORM1. Prior Services Performed For:

Company Name _____

Address _____

Contact Name _____

Telephone Number _____

Description of Prior Services (include dates) _____

2. Prior Services Performed For:

Company Name _____

Address _____

Contact Name _____

Telephone Number _____

Description of Prior Services (include dates) _____

3. Prior Services Performed For:

Company Name _____

Address _____

Contact Name _____

Telephone Number _____

Description of Prior Services (include dates) _____

PERSONNEL SUMMARY FORM

Personnel	Education/Experience/Credentials
1. <div><div></div><div>(Name)</div><div></div><div>(Title)</div></div>	<div></div> <div></div> <div></div>
2. <div><div></div><div>(Name)</div><div></div><div>(Title)</div></div>	<div></div> <div></div> <div></div>
3. <div><div></div><div>(Name)</div><div></div><div>(Title)</div></div>	<div></div> <div></div> <div></div>
4. <div><div></div><div>(Name)</div><div></div><div>(Title)</div></div>	<div></div> <div></div> <div></div>
5. <div><div></div><div>(Name)</div><div></div><div>(Title)</div></div>	<div></div> <div></div> <div></div>
6. <div><div></div><div>(Name)</div><div></div><div>(Title)</div></div>	<div></div> <div></div> <div></div>